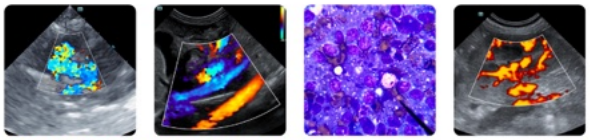

PATIENT

Ava Chekenian

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

24 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

68734

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Stranguria, weight loss. limping on RH. recent course of Baytril for UTI. Aggressive joint lesion on radiology consult R stifle- "concern for process like synovial cell sarcoma vs histiocytic sarcoma"
Abnormal PE/Chem/CBC/UA Results: hunched posture, large bladder, limp RH. Alkphos 355, bw otherwise wnl. UA prior to abx: wbc20/hpf, tbc 11/hpf, cocci, non squamous cells 6-10/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. Concentric urethral and cystourethral junction thickening was noted in this patient and extended 2.5 cm with wall thickness of 6.15 cm with loss of structural detail.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.94 cm. The right kidney measured 5.5 cm. Blood flow to the kidneys appeared to be adequate on power Doppler assessment.

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 0.77 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal

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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

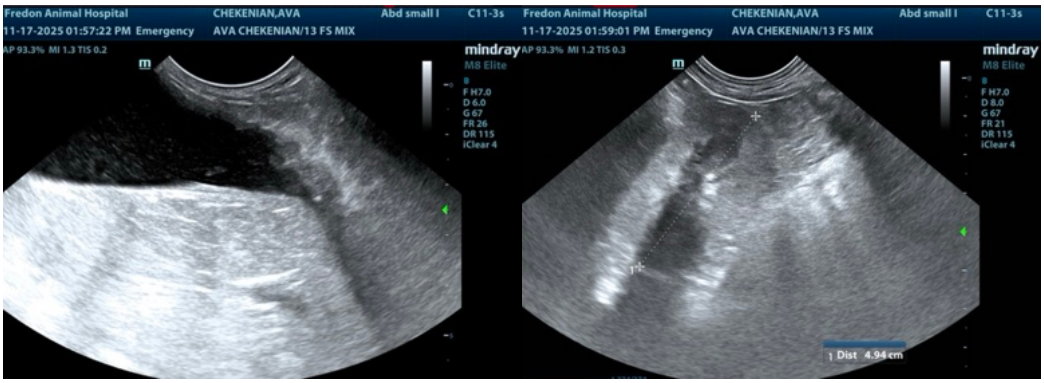
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Bladder debris and cystourethral junction/urethral thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urethritis versus emerging carcinoma is suspected. BRAF testing is indicated. Cytoscopy would be ideal in this patient. CBC path review of free catch urine sample with cytospin is indicated to assess for any carcinoma cells. Prognosis is guarded. Recheck sonogram is recommended in 7-10 days to assess for any progression. The wall thickening in the proximal urethra is not surgical.



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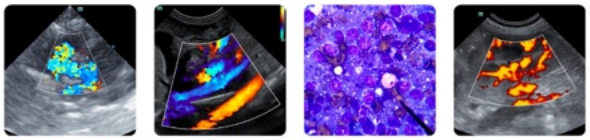

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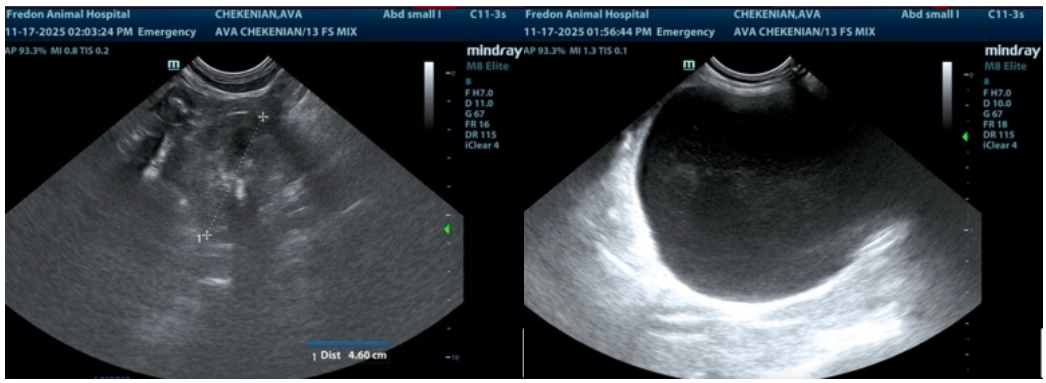

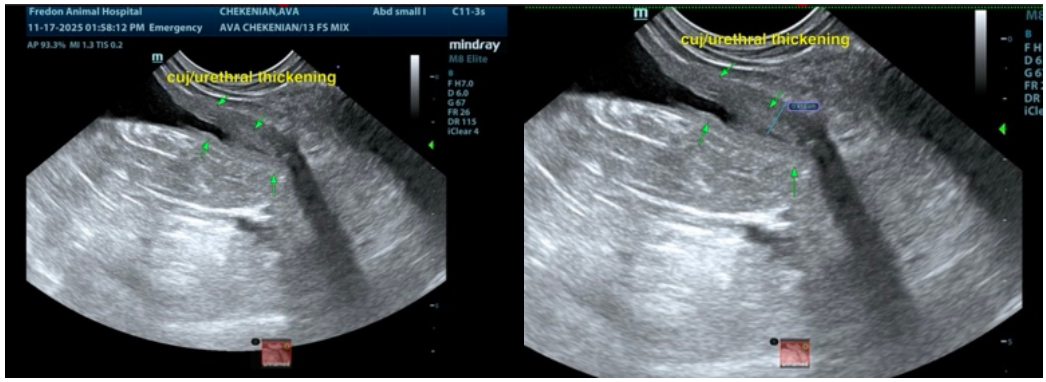

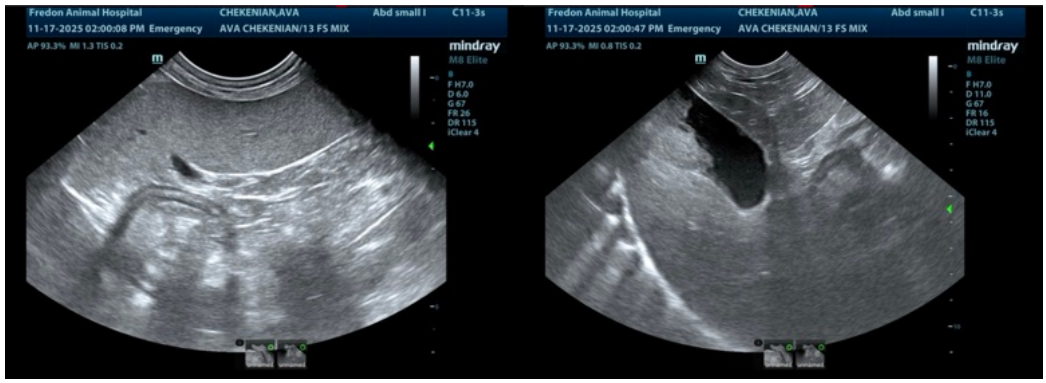

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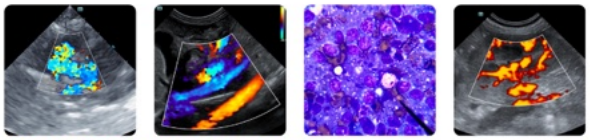

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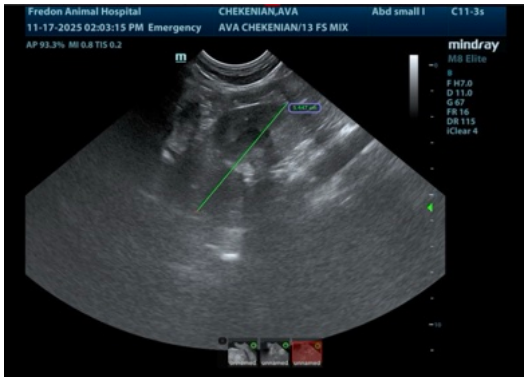

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com